04523

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:
County Talbot
City or town Bozman
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 62 - 2 - 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Bozman, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thomas Henry Bailey

3. (b) Social Security Number

4. Sex male
5. Color or race Colored
6. (a) Single, married, widowed, or divorced widower
6 (b) Name of husband or wife Lizzy Bailey
6(c) If alive, give age unknown years
7. Birth date of deceased (mo., day, yr.) Feb. 14, 1878
8. AGE: Years 62 Months 2 Days 8 If less than one day hrs. min.
9. Birthplace Bozman Talbot Co. Md (Town, county, and state)
10. Usual occupation Waterman + Laborer
11. Industry or business
FATHER 12. Name Noah Bailey
13. Birthplace Talbot Co. Md
MOTHER 14. Maiden name Emily Green
15. Birthplace Talbot Co. Md.
16. Informant M. Lillie Bailey
Address Bozman, Md
17. Burial (Burial, ~~cremation, or removal~~ Which?) Date thereof Apr. 25, 1940 (month) (day) (year)
Cemetery ~~or crematory~~ Colored Church
Location Bozman, Md.
18. Funeral director Newnam & Harrison
Address St. Michaels, Md.
19. April 24 1940 (Date rec'd by registrar) John Hurwales Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22, 1940, at 6 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 22 1940, to April 22 1940, and that I last saw him alive on Nov. 3, 1939

Immediate cause of death Acute Uremia
Due to Chr. Brights' Disease
Hypertension
Due to Brights' Disease
Other conditions Generalized Arterio-sclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

DURATION several yrs.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE P. B. Lewis, M.D. M. D. or other
Address St. Michaels, Md Date signed 4.23.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M) (I) (T) B

mouse
issue
age 1922
37 years

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04524

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbott

City or town Easton, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Easton Hospital

Stay in hospital or inst. (yrs., or mos., or days) 24 hrs.

Stay in this community (yrs., or mos., or days) full life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Caroline

City or town Federalsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. None
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Chas. Sacey Beaulah

3. (b) Social Security Number None

4. Sex Male

5. Color or race colored

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Mary Beaulah

6(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) January 6, 1885

8. AGE: Years 55 Months 2 Days ~~29~~ 30 If less than one day ____ hrs. ____ min.

9. Birthplace Near Federalsburg, Md. R.F.D.
(Town, county, and state)

10. Usual occupation Barber

11. Industry or business " Shops

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden name Anna Beaulah
15. Birthplace Federalsburg, Md.

16. Informant Mary Beaulah
Address Federalsburg, Md.

17. Burial
(Burial, ~~cremation, or removal. Which?~~) Date thereof 4/9/19/40 (month) (day) (year)

Cemetery or crematory Federal Hill Colored Cem.

Location Federalsburg, Md.

18. Funeral director C. W. Adams
Address Federalsburg

19. 4/6 1940 N. H. Neiries
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1940, at 10:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/4 1940, to 4/5 1940, and that I last saw him alive on 4/5 1940.

Immediate cause of death

Due to Cerebral Hemorrhage — DURATION 28 hrs

Due to Hypertension & arteriosclerosis — 5 yrs +

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jack B. Zerber M.D.
M. D. or other

Address Easton Md. Date signed 4/15/40

RECEIVED
MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04525

Reg. Dist. No. 293,

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Cordova (near) Lewistown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 7 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Cordova (rural) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(e) IF VETERAN, NAME WAR

3. (a) FULL NAME Daniel Lee Bridge

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26 1940

8. AGE:

Years	Months	Days	If less than one day
0	0	4	hrs. min.

9. Birthplace Cordova, near Talbot, Md
(Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Robert Harry Bridge
13. Birthplace Cordova, Talb. Co. Md

MOTHER
14. Maiden name Mildred Evelyn Dean
15. Birthplace Caroline Co Md

16. Informant Robt. H. Bridge
Address Cordova Md

17. (Burial, cremation, or removal. Which?) Date thereof Apl 30-1940
(month) (day) (year)
Cemetery or crematory Brethren Cemetery
Location Cordova Md

18. Funeral director Robat Bridge
Address Cordova Md

19. Apl 30 1940. J. L. Gardner
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1940, at 10:1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 26 1940 to April 30 1940, and that I last saw h im alive on April 27 1940.

Immediate cause of death	DURATION
Prematurity	2 mo's
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Stufen M.D.
M. D. or other
Address Ridgely Md Date signed 4-30-40

RECEIVED
MAY 2 1960
BUREAU V. S.

04526

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

CERTIFICATE OF DEATH

Reg. Dist. No. 298

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 49 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot

City or town Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Harry E. Clark.

3. (b) Social Security Number 213-01-8288

4. Sex M.

5. Color or race W.

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lyna Shields Clark

6(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Oct. 26, 1874

8. AGE: Years 65 Months 5 Days 21 If less than one day ___ hrs. ___ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Merchant.

11. Industry or business

FATHER 12. Name Thomas Clark.

13. Birthplace Del.

MOTHER 14. Maiden name Georgiana Covey.

15. Birthplace Md.

16. Informant Mrs. Harry E. Clark

Address Easton Md

17. Burial. (Burial, cremation, or removal. Which?) Date thereof April 20, 1940 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton

18. Funeral director James A Spence

Address Easton Md.

19. 4 1940 (Date rec'd by registrar) N H Neeves Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17 1940, at 12 45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1932, to 4-17-1940, and that I last saw him alive on 4-17-1940.

Immediate cause of death Chronic myocarditis

DURATION 8 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. E. Cox M. D. M. D. or other

Address Easton Md Date signed 4-19-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (122E)

Reg. Dist. No. 290

04527

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Talbot

(b) City or town Easton Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Caroline

(c) City or town Denton R.D. (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Harry Cole

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1883

8. AGE: Years 56 yrs. Months 9 Days 2 If less than one day hr. min.

9. Birthplace Queen Anne Co. Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name George Cole

13. Birthplace Q. A. Co. Md.

MOTHER 14. Maiden Name Mollie Hassett

15. Birthplace Q. A. Co. Md.

16 (a) Informant Samuel Conegys

(b) Address Queenstown Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 19, 1940 (month) (day) (year)

(c) Cemetery or crematory Piney Grove

Location near Denton

18 (a) Funeral director J. Virgil Moore & Son

(b) Address Denton, Maryland

19 (a) 4/19/40 (Date rec'd by registrar) (b) N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. Date of death April 17 1940, at 9 15 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1940, to Apr 17 1940, and that I last saw him alive on April 17 1940:

Immediate cause of death Intestinal obstruction — Duration 10 days

Due to Unknown; Probably adhesions, small.

Due to Cause not determined

Not known whether or not due to cancer.

Other conditions —

Duration: eight hours.

(Include pregnancy within 3 months of death)

Major findings:

Of operations was not operated

Of autopsy no autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —

(e) Means of injury —

23. Signature W. N. Palmer M. D. or other

Address Easton Md Date signed 4/18/40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

04528

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot.
City or town Easton.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 11 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot.
City or town Easton. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Alvin Stanley Coe

3. (b) Social Security Number None.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M.	W.	Married.

6 (b) Name of husband or wife Rosa Warren Coe
6(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) July 15, 1890

8. AGE:

Years	Months	Days	If less than one day
49	8.	26	hrs. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual occupation Baker.
11. Industry or business
FATHER 12. Name James Robert Coe
13. Birthplace Va.
MOTHER 14. Maiden name Josephine Johnson.
15. Birthplace Va.
16. Informant Rosa Warren Coe
Address Easton Md.
17. Burial. (Burial, cremation, or removal. Which?) Date thereof April 19, 1940 (month) (day) (year)
Cemetery or crematory Spring Hill
Location Easton Md.
18. Funeral director Jones & Spence
Address Easton. Md.
19. 4/9 1940 M. H. Norris
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7 1940, at 12:15 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1 1940, to 4-7 1940, and that I last saw him alive on 4-7-40 19

Immediate cause of death	DURATION
Uremia	3 da
Due to Chronic nephritis — nephro-sclerosis. ? cor. ? R.	
Due to Malignant hypertension	10 yr?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Tyler Baker M. D. or other
Address Easton Date signed 4-8-40

CEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04529

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:

County Talbot

City or town St. Michaels 1 mile South of Town

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 45 8 13

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Albert L. Fairbank

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Emily L. Fairbank

6(c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) August 15, 1895

8. AGE: Years	Months	Days	If less than one day
45	8	13	hrs. min.

9. Birthplace St. Michaels, Talbot, Md.
(Town, county, and state)

10. Usual occupation Merchant

11. Industry or business Furniture

FATHER
12. Name Walter W. Fairbank
13. Birthplace St. Michaels, Md.

MOTHER
14. Maiden name Ella Jewell
15. Birthplace Talbot County

16. Informant Mrs. Emily L. Fairbank
Address St. Michaels, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 1, 1940 (month) (day) (year)

Cemetery ~~or crematory~~

Location St. Michaels, Md.

18. Funeral director J. N. Marshall

Address St. Michaels, Maryland

19. April 30 1940 (Date rec'd by registrar) John Hurwales Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 28 1940, at 6 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1938, to Apr. 28 1940, and that I last saw h alive on Apr. 28 1940.

Immediate cause of death	DURATION
Chronic Nephritis	
Due to Arteriosclerosis	
Due to Hypertension	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Hope M.D.
M. D. or other

Address St. Michaels, Md. Date signed 4/30/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04530

Reg. Dist. No. 2-91

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: Bozman
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 3 yrs - 3 mos

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John A. Fairbank

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife: Margaret E.
8(c) If alive, give age: 85 years

7. Birth date of deceased (mo., day, yr.): Nov. 4 1850

8. AGE: Years	Months	Days	If less than one day
89	5	9	hrs. min.

9. Birthplace: Bozman, Talbot Co. Md (Town, county, and state)
10. Usual occupation: Waterman
11. Industry or business: oyster tonger
FATHER 12. Name: Robert E. Fairbank
FATHER 13. Birthplace: Talbot Co. Md
MOTHER 14. Maiden name: Eliza Williams
MOTHER 15. Birthplace: Harford Co. Md
16. Informant: Mrs John W. Fairbank
Address: Bozman, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 15, 1940 (month) (day) (year)
Cemetery or crematory: Church Cemetery
Location: Bozman, Md
18. Funeral director: Newnam & Harrison
Address: St. Michaels Md.
19. April 15 1940 (Date rec'd by registrar) John Howard Lee Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr 13 1940, at 10 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 12 1940 to Apr 13 1940 and that I last saw him alive on Apr 13 1940.

Immediate cause of death	DURATION
Coronary thrombosis	
Due to	
Due to	
Other conditions: Arterio sclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. H. Hope M.D.
M. D. or other
Address: St. Michaels Md Date signed 4/14/40

RECEIVED
MAY 6 1920
BUREAU V. S.

04531

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-01)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: no
Stay in hospital or inst. (yrs., or mos., or days) no
Stay in this community (yrs., or mos., or days) about 16 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Easton Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 214 Port St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Mary Elizabeth Harris

3. (b) Social Security Number no

4. Sex: female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Don't know
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): May 10 1874
8. AGE: Years 65 Months — Days — If less than one day ____ hrs. ____ min.
9. Birthplace: Oxford Md (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: no
FATHER
12. Name: unknown
13. Birthplace: unknown
MOTHER
14. Maiden name: unknown
15. Birthplace: unknown
16. Informant: Mrs Lottie Nickson
Address: Oxford Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr 18 1940 (month) (day) (year)
Cemetery or crematory: Trape Station
Location: Oxford Md R.D.
18. Funeral director: James F Stewart
Address: Salisbury Md
19. 4/18 1940 (Date rec'd by registrar) A. St. Neirus Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 16 1940, at 9 a M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15 1940, to April 16 1940 and that I last saw him alive on April 16 1940.

Immediate cause of death: Cerebral Hemorrhage — DURATION: 4/15/40
Due to: Hypertension
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Haynard T. Webb M.D. (M. D. or other)
Address: Easton, Md. Date signed 4/16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 91-d

Reg. Dist. No. 295

04532

CERTIFICATE OF DEATH

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) County Talbot

(b) City or town Easton (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days.

(e) Length of stay in this community (yrs., mos., or days) ____

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Caroline

(c) City or town Denton (If outside city or town limits, write RURAL and give town)

(d) Street No. ____ (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Mr. Norman Hill.

3 (b) If veteran, name war ____

3 (c) Social Security No. 212-14-1758.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife ____

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) ____

8. AGE: Years 28 yrs. | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Near Denton Maryland. (Town, county, and state)

10. Usual occupation Day Laborer.

11. Industry or business

FATHER 12. Name Jeff. D. Hill.

FATHER 13. Birthplace Near Denton. Md.

MOTHER 14. Maiden Name Nellie Outten

MOTHER 15. Birthplace Burrsville Maryland.

16 (a) Informant Ewert Hill

(b) Address Denton. Md.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4-16-40 (month) (day) (year)

(c) Cemetery or crematory Burrsville Md.

Location Near Denton Md.

18 (a) Funeral director J. Virgil Mason & Son

(b) Address Denton Md

19 (a) 4/15/40 (Date rec'd by registrar) (b) N. H. Merrey Registrar

MEDICAL CERTIFICATION

20. Date of death April 13 1940, at 5:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 20 1940, to Apr. 13 1940, and that I last saw him alive on April 13 1940.

Immediate cause of death	Duration
Hypostatic Pneumonia	2 days.
Due to Subacute Bacterial Endocarditis	2 months
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy Vegetations on Heart valves Ligament of spleen

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ____

(b) Date of occurrence ____

(c) Where did injury occur? ____ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____

(e) Means of injury ____

23. Signature P. E. Cox M. D. (M. D. or other)

Address Easton Md Date signed 4-14-40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

04533

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH

County Talbot Co

City or town Easton, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot

City or town Oxford Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mr. James Leonard

3. (b) Social Security Number No

4. Sex M.

5. Color or race W.

6.(a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mrs. Helen Leonard

6(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) March 18, 1870

8. AGE: Years 70 Months - Days 20 If less than one day ___ hrs. ___ min.

9. Birthplace Easton, Md. (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business

FATHER 12. Name Mr. James Hopkins Leonard.

13. Birthplace Hopkins neck.

MOTHER 14. Maiden name Mary Elizabeth Benson

15. Birthplace Talbot Co.

16. Informant Mrs. Lola Burkett

Address Marcus Hook, ~~Md~~ Pa

17. Burial (Burial, cremation, or removal, Which?) Date thereof 4/10/40 (month) (day) (year)

Cemetery or crematory Oxford Md

Location Oxford, Md.

18. Funeral director James A. Spence

Address Easton, Md.

19. 4/9 1940 (Date rec'd by registrar) N. H. Neerus Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1940, at 7:13 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1939, to 4-8-1940 and that I last saw him alive on 4-8-1940.

Immediate cause of death Chronic myocarditis

DURATION 2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [illegible] Cox M.D. M. D. or other

Address Easton Md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T)

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore
186-a

CERTIFICATE OF DEATH

Dr Lwst 64534

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 65 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Port
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Katie Peck Massey

3. (b) Social Security Number —

4. Sex Female
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Albert Massey
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 1870
8. AGE: Years 70 Months unknown Days If less than one day hrs. min.
9. Birthplace Maryland, Talbot Co (Town, county, and state)
10. Usual occupation Housework
11. Industry or business —
FATHER 12. Name Simon Peck
13. Birthplace Md
MOTHER 14. Maiden name Laura Chamberlaine
15. Birthplace Md.
16. Informant Nannie Crevin
Address Easton Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/3/40 (month) (day) (year)
Cemetery or crematory Richards
Location Easton Md
18. Funeral director James A. Spence
Address Easton Md
19. 5/2 1940 (Date rec'd by registrar) N. H. Neeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1940 at 6 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1, 1940, to April 1940, and that I last saw him alive on April 30 1940.
Immediate cause of death Chronic Cellulitis of the leg and hip — DURATION 7 mo.
Due to
Due to Accidental Fall
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Df operations
Df autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of —
Where did injury occur? Easton, (City or town) Md. (County) (State)
Injured at home, farm, industry, public place (where?) Street
Means of injury Fractured hip Injured at work? no

23. SIGNATURE Hayward T. Webb M.D. M. D. or other
Address Easton, Md Date signed Nov. 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-G) Reg. Dist. No. 290

CERTIFICATE OF DEATH

04535

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) County Talbot
(b) City or town Easton (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Talbot
(c) City or town Easton (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John H. Mitchell

3 (b) If veteran, name war: no

3 (c) Social Security No. 216-03-7443

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: ✓

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1882

8. AGE: Years 58 | Months | Days | If less than one day hr. min.

9. Birthplace West Pittston, Pa. (Town, county, and state)

10. Usual occupation mechanic

11. Industry or business garage

FATHER
12. Name Asa Mitchell
13. Birthplace Pa.

MOTHER
14. Maiden Name Margaret M. Harris
15. Birthplace Pa.

16 (a) Informant Lucy Mitchell
(b) Address Easton

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/40 (month) (day) (year)
(c) Cemetery or crematory Spring Hill
Location Easton

18 (a) Funeral director John D. Mullikin
(b) Address Easton, Md.

19 (a) 4/16/40 (Date rec'd by registrar) (b) M. H. Meeres Registrar

MEDICAL CERTIFICATION

20. Date of death April 15 1940, at 6:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1940 to April 15 1940, and that I last saw him alive on April 15 1940.

Immediate cause of death	Duration
Cancer of lung (Secondary).	?
Due to	
Due to Cancer of pancreas (Primary)	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury ✓

23. Signature William Hammond M. D. or other
Address Easton Date signed 4-16-40

RECEIVED
MAY 6 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04536

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Emergency Hosp. Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) One day

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Caroline

City or town Denton, Md - Rural Near. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Parris

3. (b) Social Security Number

4. Sex male

5. Color or race white

6. (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~

6 (b) Name of husband or wife Laura B Parris

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) March 1 –

8. AGE: Years 70 years | Months 2 | Days 3 | If less than one day ____ hrs. ____ min.

9. Birthplace Harrington Del. (Town, county, and state)

10. Usual occupation Retired farmer

11. Industry or business

FATHER 12. Name Brown Parris

13. Birthplace Harrington Del.

MOTHER 14. Maiden name Hannah Price

15. Birthplace Harrington Del.

16. Informant Henry Hurd

Address Denton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4-29-40 (month) (day) (year)

Cemetery or crematory Denton Cemetery

Location Denton Maryland

18. Funeral director J. Virgil Moore & Son

Address Denton, Md.

19. 4/29 1940 (Date rec'd by registrar) N. H. Norris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26, 1940, at 9:35 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 26 1940, to Apr. 26 1940 and that I last saw him alive on ____ 19____.

Immediate cause of death	DURATION
Bowel obstruction	1 day
Due to Mesenteric Thrombosis	
The intestinal obstruction was not due	1 day
Due to cancer, but to the mesenteric throm-	
bosis. Duration: about 24 hours. R.W.S.R.	
Other conditions	

(Include pregnancy within 6 months of death)

Major findings: Of operations Not Operated

Of autopsy No autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE mc Palmer M. D. or other

Address Easton Md Date signed 4, 28, 40

RECEIVED
MAY 6 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

04537

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot Co.

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot

City or town Bozman Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Phillips

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	✓

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10 - 1940

8. AGE: Years	Months	Days	If less than one day
			hrs. min.

9. Birthplace Talbot Co. Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Charles Washington Wood Phillips

FATHER 13. Birthplace Talbot Co. Maryland.

MOTHER 14. Maiden name Gertie Virginia Steilkie

MOTHER 15. Birthplace Bozman Md.

16. Informant Mrs. Chas. W. Phillips

Address Bozman, Maryland.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 4/10/40 (month) (day) (year)

Cemetery or crematory Emergency Hospital

Location Easton

18. Funeral director Emergency Hospital

Address Easton

19. 4/10 (Date rec'd by registrar) 1940 N.H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1940, at 1:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 10 1940, to Apr. 10 1940, and that I last saw h alive on 19

Immediate cause of death	DURATION
Complete Abstinence	
Due to Spontaneous	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Lyle Bartlett M. D. or other

Address Easton Date signed 4-12-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

04538

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Rural Near Easton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: "Outside"

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 32 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Rudolf Christopher Pahlman.

3. (b) Social Security Number No.

4. Sex M.

5. Color or race W.

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife M. May.

6(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) April 26, 1868

8. AGE: Years 71 Months 9 Days 10 If less than one day ___ hrs. ___ min.

9. Birthplace Penna.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Pahlman
13. Birthplace Germany

MOTHER
14. Maiden name Barbara Pournker.
15. Birthplace Germany

16. Informant Miss. Margaret Pahlman.
Address Easton, Md.

17. Burial. Date thereof April 8, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Spring Hill.

Location Easton, Md.

18. Funeral director James A. Spence.
Address Easton, Md.

19. 4/8 1940 W. H. Neeves
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1940, at 4:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 2 1940, to April 6 1940, and that I last saw him alive on April 6 1940.

Immediate cause of death Acute Miliary Tuberculosis — DURATION 2 mos.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. C. Newnam
M. D. or other
Address Easton, Md. Date signed 4/8/40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

04539

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: no
Stay in hospital or inst. (yrs., or mos., or days) no
Stay in this community (yrs., or mos., or days) 6

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State md County Talbot
City or town Easton md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 214
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Lewis Richards

3. (b) Social Security Number no

4. Sex male
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Widower
6 (b) Name of husband or wife Dont know
6(c) If alive, give age dead years
7. Birth date of deceased (mo., day, yr.) about 1858
8. AGE: Years about 82 | Months – | Days – | If less than one day ___ hrs. ___ min.
9. Birthplace Dont know (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business no
FATHER
12. Name Unknown
13. Birthplace Unknown
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown
16. Informant Ida Hanes
Address 214 Port St Easton md
17. Burial (Burial, cremation, or removal, Which?) Date thereof Apr 12 1940 (month) (day) (year)
Cemetery or crematory Odd Fellows
Location Oxford md
18. Funeral director James F. Stewart
Address Salisbury md
19. 4/11 1940 (Date rec'd by registrar) M. H. Neeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1940, at 12 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 3rd 1940, to Apr 3rd 1940, and that I last saw him alive on Apr 3rd 1940.

	DURATION
Immediate cause of death Cerebral hemorrhage	6 days
Due to Arteriosclerosis	(?)
Due to	
Other conditions Gangrene of the foot	(?)

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Joseph A. Rowe M.D. M. D. or other
Address Grappe, md Date signed 4/10/40

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04540

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 38 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot

City or town Easton Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 419 August

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3.(a) FULL NAME Mary E. Richardson

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C.	Widowed

6 (b) Name of husband or wife J. Edward Richardson

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 3/30/72

8. AGE:

Years	Months	Days	If less than one day
68		27	hrs. min.

9. Birthplace Delaware.

(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER — 12. Name Alfred B. Truitt

13. Birthplace Del.

MOTHER — 14. Maiden name Hesta Ann Phillips

15. Birthplace Del.

16. Informant Mary E. Richardson

Address Easton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 29 1940 (month) (day) (year)

Cemetery or crematory ~~Spring Hill~~ Cathedral Cemetery

Location Easton. Md

18. Funeral director James A. Spence

Address Easton Md

19. 4/29 1940 W. H. Norris

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1940 at 12:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-20-40 19 to 4-26 19 40, and that I last saw h alive on 4-26 19 40.

	DURATION
Immediate cause of death Uremia	5 da
Due to Nephro-sclerosis	
Due to Malignant Hypertension	
Other conditions Hemiplegia	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE J. Tyler Bahen M.D.

M. D. or other

Address Easton Date signed 4-27-41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAY 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 838

04541

CERTIFICATE OF DEATH

Reg. Dist. No. 294

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County Wiltman Talbot Co.
City or town
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Wittman Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thomas H. Sewell.

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male.	White	Single

6 (b) Name of husband or wife V

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 9. 1873.

8. AGE: Years	Months	Days	If less than one day
66	5	29	hrs. min.

9. Birthplace Wittman Talbot Co.
(Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business Tenant Farmer.

FATHER 12. Name Robert T. Sewell. Sr.

13. Birthplace Talbot Co. Md.

MOTHER 14. Maiden name Emily Cummings.

15. Birthplace Wittman Md.

16. Informant Irene D. Sewell.

Address Wittman Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4. 13. 1940 (month) (day) (year)

Cemetery or crematory Oliver

Location St. Michaels Md.

18. Funeral director J. Norman Marshall.

Address St. Michaels Md.

19. Apr. 9 1940 (Date rec'd by registrar) Anna Carey Thomas Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1939, to April 8 1940, and that I last saw h alive on 19

Immediate cause of death	DURATION
Cerebral Hemorrhage	3 days
Due to Arteria Sclerosis	2 Years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Eugene Reese M.D.
M. D. or other
Address Easton Md. Date signed 4/1/40

RECEIVED
MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04542

Reg. Dist. No. 2 9 0

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot Co.

City or town Easton - Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot

City or town Cordova Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Wilson

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	✓

6 (b) Name of husband or wife ✓

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1940

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Easton - Talbot Co. Md
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Maxwell Cooper

13. Birthplace Greensville Md. Queenann Co.

MOTHER 14. Maiden name Elizabeth Wilson

15. Birthplace Cordova Md - Talbot Co.

16. Informant Elizabeth Wilson

Address Cordova Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 5 1940 (month) (day) (year)

Cemetery or crematory Newtown

Location Cordova, Md.

18. Funeral director Ethel Wilson

Address Cordova, Md.

19. 4/5 1940 (Date rec'd by registrar) N. H. Meeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19,

and that I last saw h alive on 19.

Immediate cause of death Still born

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Df operations

Df autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. H. Palmer M. D. or other

Address Easton Md Date signed 4.6.40

RECEIVED
MAY 8 1940
BUREAU V. S.